

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35979

Do not use this space.

1. PLACE OF BIRTH NOV 15 1937

(a) County

Registration District No.

(b) Township

Primary Registration District No.

Registered No.

(c) City St. Louis

(d) Street No. 3640 Shaw Avenue St.

(e) Length of residence in city or town where death occurred 38 yrs. 8 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eleanor Cogho

(a) Residence, No. 3640 Shaw Avenue

St.

17

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1899		
7. AGE YEARS 38	MONTHS 8	DAYS 25 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Secretary		
9. Industry or business in which work was done, as saw mill, bank, etc. American Credit Ind. Co.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)
St. Louis,
Missouri

13. NAME
Alfred Cogho

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)
Unknown,
Germany

15. MAIDEN NAME
Helena Wandel

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)
Unknown,
Germany

17. INFORMANT
(ADDRESS)
Edgar A. Cogho
3640 Shaw Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE
Missouri Crematory DATE October 15, 1937

19. FUNERAL DIRECTOR
(ADDRESS)
Wm. J. Robert
1905 S. Grand Blvd.

20. FILED OCT 13 1937 J. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1937, to Oct. 12, 1937

last saw her alive on Oct. 12, 1937. Death is said

to have occurred on the date stated above, at 4.15 P. M.

The principal cause of death and related causes of importance were as follows:

Papillary carcinoma of both
ovaries (with metastases
to peritoneum and all
pelvic organs)

Date of onset
1937

Other contributory causes of importance:

Name of operation Laparotomy Date of 7/20/37

What test confirmed diagnosis? op. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) J. Biedeck, M. D.

(Address) 3554 Victor St.
St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Wm J Robert, Licensed Embalmer No. 502
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm J Robert
Licensed Embalmer No. 502

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)